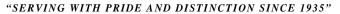


## State of Arkansas

## ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov





JR Howard
Director

## Used Motor Vehicle Dealer Licensing Section Consumer Complaint

(Mail this form and all supporting documents to: Arkansas State Police, #1 State Police Plaza Dr., Little Rock, AR 72209)

1) YOUR INFORMATION: Name (Please Print Clearly):		
Home Address:		
City:	State:	Zip:
Cell/Home Phone: ()	Day Phone: ()	
Email Address:	Fax # ()	
How do you want us to contact you?	ne Business Phone Cell Phone	FAX
2) Business Name of Dealer:		
Names of person(s) you spoke to:		
Business Address:	City:	Zip
Business Phone#: ()	(Please enclosed a written	statement with this complaint)
Is this the same address where you first saw the vehicle	e? 🗌 Yes 🔲 No	
If not, where did you first see vehicle?		
3) Description of vehicle: Did you buy this vehicle new	or used? New Used Year	Model:
(If you selected NEW VEHICLE please stop here and cor	ntact Arkansas Motor Vehicle Commission o	office at (501) 682-1428)
Make: Body	Style	Color:
How many paper Tags did you receive?	VIN #:	
Paper tag number(s)?	Have you purchased your Arkansas plat	tes? Yes No
4) Internet Sale: Name of website vehicle displayed on	? EBay Auto Trader Dealer Sit	te 🗌 Other
5) Sale/Lease Information: Was this a lease?  Yes	No / Date of sale:	Sales Price:
Did you sign a conditional contract (AS- IS) subject to fi	nancing being found? Yes No	
Did you pay Cash? Yes No Did you fi	nance with the dealer? 🗌 Yes 📗 No	
Did you receive a copy of the sales contract and all oth	er documents you signed?  Yes No	
Did you receive a copy of the Buyers Guide? Tyes	☐ No Did you buy an Extende	d Warranty?  Yes  No
Did you sign a power of attorney to the dealer?   Yes	s 🗌 NO	
6) Trade-In Vehicle: Did you trade in a vehicle?	S No Was there money owne	ed on your trade?  Yes NO
Did you give dealer the title on your trade-In vehicle?	Yes No VIN#	